

Conducting Evaluations to Meet Your Information Needs

Registration Form

Return the completed form and check to the address below. Please make checks payable to Cornell University--\$35 per person. **Please remember the checks will be returned uncashed to those who register and attend training. The checks will be cashed if you register then do not attend or do not cancel before the deadline.**

**Ms. Mariea Young
New York State Council on Children and Families
5 Empire State Plaza, Suite 2810
Albany, New York 12223-1553**

Name: _____

Title: _____

Organization: _____

Address: _____

Phone: (____) _____

Fax: (____) _____

e-mail: _____

Registration Form

Please provide a brief description of your current job responsibilities and your current involvement or intended involvement in evaluation activities.

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